

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10663201
APPLICANT(S) _____

FILED DATE 9-17-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	17					
TOTAL CLAIMS	18					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						